

NOV 16 2005

FAX TRANSMISSION**DATE:** November 16, 2005**PTO IDENTIFIER:** Application Number 10/803,698-Conf. #6051
Patent Number**Inventor:** Michael E. Miller et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** RADER, FISHMAN & GRAUER PLLC

Linda D. Kennedy

PHONE: (248) 594-0619**Attorney Dkt. #:** 65937-0047**PAGES (Including Cover Sheet):** 10**CONTENTS:** Transmittal (1 page)
Fee Transmittal (1 page)
Certificate of Transmission (1 page)
First Preliminary Amendment (6 pages)

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PTO/SB/97 (09-04)
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Application No. (if known): 10/803,698

Attorney Docket No.: 65937-0047

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Transmittal (1 page)
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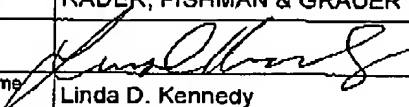
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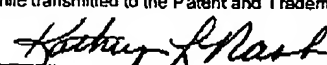
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/803,698-Conf. #6051
		Filing Date	March 18, 2004
		First Named Inventor	Michael E. Miller
		Art Unit	3736
		Examiner Name	A. Roy
Total Number of Pages In This Submission		Attorney Docket Number	65937-0047

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	RADER, FISHMAN & GRAUER PLLC		
Signature			
Printed name	Linda D. Kennedy		
Date	November 16, 2005	Reg. No.	44,183

Transmittal	
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Dated: November 16, 2005	Signature:  (Kathryn L. Nash)

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PTO/SB/17 (12-04v2)

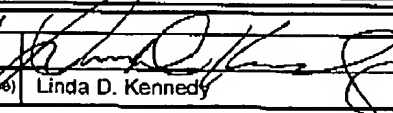
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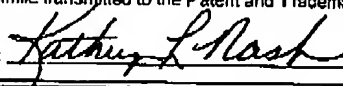
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Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/803,698-Conf. #6051 Filing Date March 18, 2004 First Named Inventor Michael E. Miller Examiner Name A. Roy Art Unit 3736 Attorney Docket No. 65937-0047	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 450.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims 29 - 20 = Extra Claims 9 x Fee (\$) 50 = Fee Paid (\$) 450							Multiple Dependent Claims Fee (\$) Fee Paid (\$)
Indep. Claims 3 - 3 = Extra Claims 0 x Fee (\$) 0 = Fee Paid (\$) 0							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ Fee Paid (\$) _____ _____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): _____							

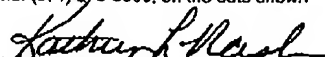
SUBMITTED BY Signature  Registration No. 44,183 Telephone (248) 594-0519 Name (Print/Type) Linda D. Kennedy Date November 16, 2005			
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Dated: November 16, 2005 Signature:


(Kathryn L. Nash)

Docket No.: 65937-0047
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Michael E. Miller et al.

Application No.: 10/803,698

Confirmation No.: 6051

Filed: March 18, 2004

Art Unit: 3736

For: ADAPTER ASSEMBLY FOR
STEREOTACTIC BIOPSY

Examiner: A. Roy

FIRST PRELIMINARY AMENDMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

11/17/2005 LWONDIH1 00000049 180013 10803698

01 FC:1202 450.00 DA